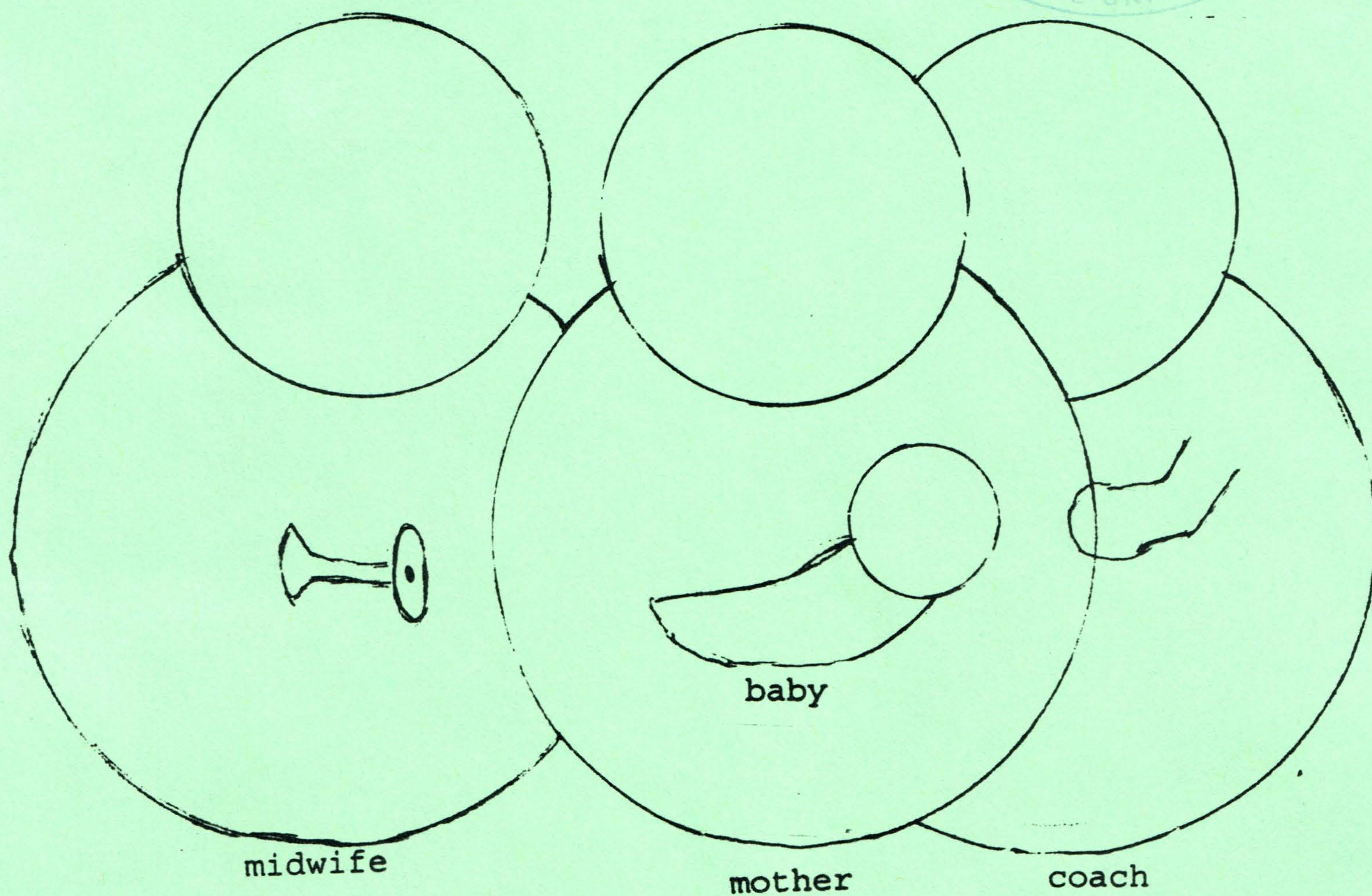
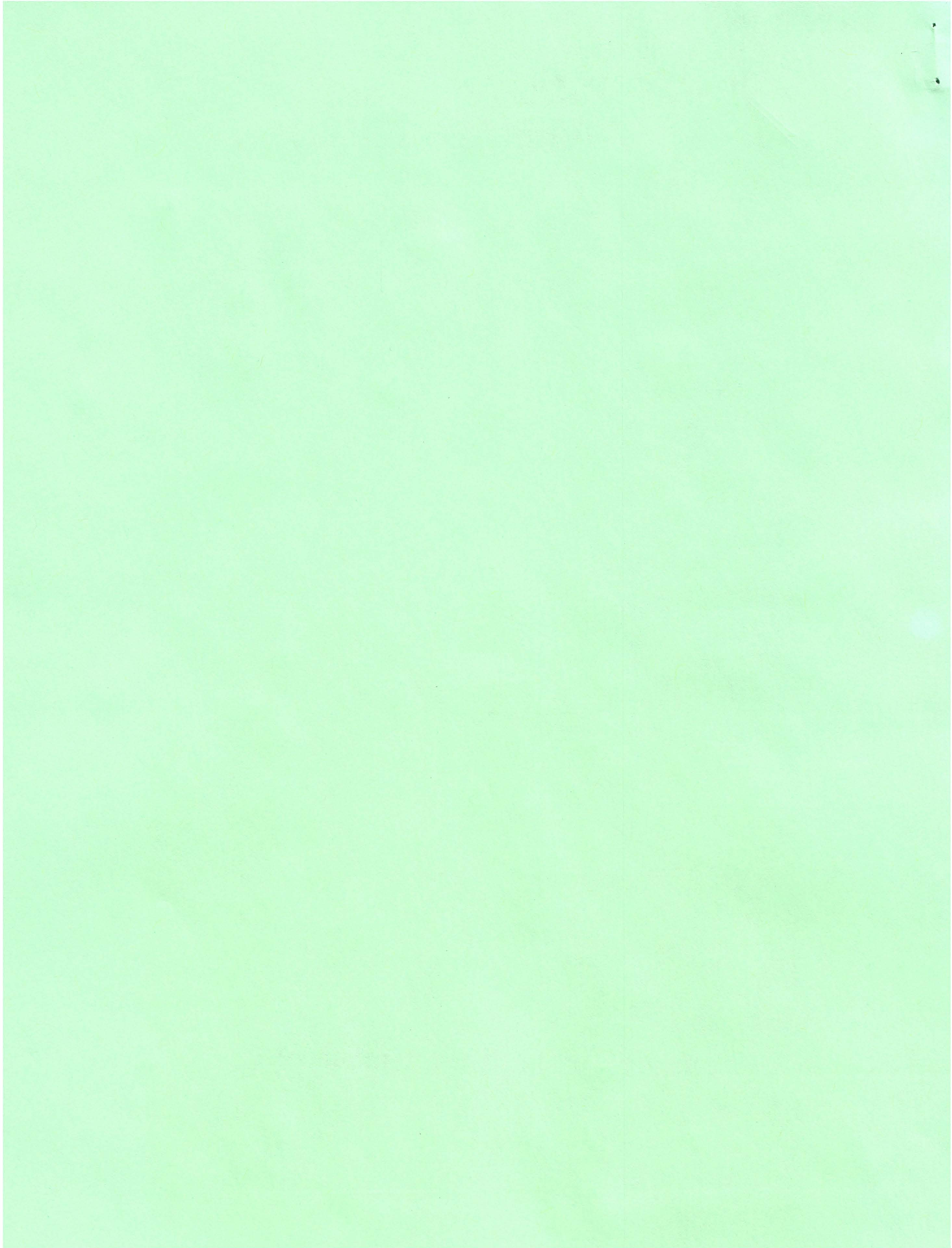


NEWFOUNDLAND & LABRADOR MIDWIVES ASSOCIATION



Newsletter No. 2, September 1997



Newfoundland and Labrador Midwives Association
(Chapters in Goose Bay and St. John's)
Newsletter 2
September 1997

This Newsletter contains a summary of the Minutes from the September 2nd teleconference meeting, summary reports from the Canadian Perinatal Surveillance Systems steering committee, from the Breastfeeding Committee for Canada (Pearl Herbert represents midwives on these last two committees), and the annual update of Memorial University library acquisitions which may be of interest to members. In 1994 Alliance members requested such a list (which covered the previous 10 years) and for the last three years an update has been included in September Newsletters. Linda Barnett provides the initial list and then it is edited and formatted for this Newsletter (information is added if an item is not on the initial list but is known to be in the library; the running-time of video films is added etc.) Your editor would be interested in knowing if this list is still of interest, especially from those members who are not connected to the university. As stated in the opening paragraph of the last Newsletter, the ARNN had released the document *Plan of Action for the Utilization of Nurses in Advanced Practices Throughout Newfoundland and Labrador* and this current Newsletter includes a summary of the sections which cover midwives. (The ARNN will be publishing a two page report regarding this document in the next ACCESS). The next ARNN Council meeting is October 27-28, 1997.

NLMA General Meeting by teleconference. January 7, 1998. Date, time and meeting places to be confirmed. Watch Notice Boards.

WANTED Before December 31, 1997.

1. Logo, which includes words, for our Association.
2. Suggestions for the Newsletter content e.g. Library update, newspaper cuttings, conferences etc.

WANTED by November 19, 1997

Items for the next Canadian Confederation of Midwives meeting.

Executive Committee

President: Pearl Herbert	Secretary: Karene Tweedie
Treasurer: Pamela Browne	Second Signer: Alison Craggs
Editor: Pearl Herbert, c/o School of Nursing, Memorial University of Newfoundland, St. John's, NF A1B 3V6 (Fax: 709-737-7037)	

Meeting of the Newfoundland and Labrador Midwives Association was held on September 2, 1997, by teleconference. After technical problems, which delayed the start by about 15 minutes, eight members were present (two members were "lost" in the changing of the location in St. John's). Matters arising from the previous minutes were discussed. The Newsletter costs (printing and mailing) are about \$100 per issue. Members in Labrador want appropriate newspaper cuttings regarding midwifery to be included as the *Evening Telegram* is not widely circulated outside of the St. John's

area. This will help them to appreciate some of the problems which are being experienced on the Island. Clare Bessell, the past treasurer of the Alliance, had sent a cheque for the remaining funds to Pamela Browne. Membership in the Midwives Association is still increasing. We now have 27 members, including five associate members.

There was a discussion about the little priority that is given to midwifery by the local politicians; which can be traced back to at least the 1920s. The Friends of Midwifery are continuing their meetings with politicians, and Pearl is listed for a midwifery presentation at the **Women's Health Forum** on October 27 in St. John's. A newspaper article stated that Nurse Practitioners will be providing antenatal, postnatal care and delivering babies; so where does this leave Midwives? Why can Nurse Practitioners deliver babies when this is not permitted by Midwives?

Questions were raised about the midwifery degree programme and the BN prerequisite requirement; see the ARNN document.

The possibility of having a workshop was discussed. A suggestion was that ALSO for midwives be explored. This could give midwives some credibility. The Advances in Labour and Risk Management (ALARM) course is a Canadian one (SOGC) for obstetricians and family physicians involved in obstetrics. The cost for SOGC members is \$450. It consists of a two-day comprehensive course, with a ratio of four participants to one faculty member. There are plenary sessions, hands-on-workshops, and a comprehensive examination. The similar ALSO programme is American and was developed for family physicians. The Ontario midwifery consortium has adapted ALSO for midwives.

The Midwives Association's Newsletters (including the Alliance from 1992 to 1996) are now in the reference section of the Health Sciences Library WQ 160 N457n. These are often used by students when preparing assignments regarding midwifery. Also, our Midwives Association should soon be on the internet. Just the final formalities need to be completed.

The Goose Bay Chapter is exploring hosting the next teleconference meeting. (The only times available in November are for the 6th and 12th from 8.30 to 10 pm, 10th and 19th from 7 to 8.30 pm). It was good to be able to speak to each other and hopefully other members will link in with the next meeting. (Request your agency's teleconference person to arrange for you to be connected to the system).

Plan of Action for the Utilization of Nurses in Advanced Practices Throughout Newfoundland and Labrador. This document was approved by ARNN Council May 24, 1997, and presented to the membership at the ARNN annual meeting on May 25, 1997.

Midwives are advised to read through this spiral bound, 111 page book, and the recommendations regarding midwives in Newfoundland and Labrador. It is in the Health Sciences Library and is probably available in all nursing agencies. Of course, a copy may be purchased from the ARNN for \$15.00+HST+postage. There is an

ARNN (1996) *Advanced Practice: A Background Paper* which would also be of interest. Any questions should be directed to your ARNN Chapter president who represents you on Council, or directly to the ARNN. (The committee was co-chaired by Joan Rowsell and Pamela Baker). If you wish to be consulted for any future ARNN committees make sure that the ARNN has your name on the list which they keep for such purposes.

The history leading up to the publication of this Advanced Practices document included a teleconference meeting arranged by the ARNN on September 9, 1996. From that meeting there was a call for volunteers to be members of a steering committee. The steering committee then formed working groups with a member of the steering committee plus others from around the province whose names were on the ARNN contact list. The working groups consisted of nurses, physicians, general public. A list of members is given on p. 23.

p.5 **1. Strategic Direction: ARNN advocate for the implementation of advanced practices for nurses throughout the Province. Advanced practices include: clinical nurse specialists, nurse practitioners, nurse midwives, and nurses with post-basic specialty preparation.**

p.8 The nurse-midwife is a registered nurse with preparation in advanced nursing science and in midwifery who provides continuity of care throughout childbearing to the woman and her family. The nurse midwife manages normal pregnancy, labour and delivery, and follow-up care to healthy women and their infants as an independent practitioner in a variety of settings. As a member of an interdisciplinary team the nurse midwife collaborates with others to provide holistic care in both normal and high-risk situations. As an advanced practitioner the nurse midwife functions in the role of practitioner, educator, and leader.

Nurse midwives are currently employed at the Melville Hospital in Goose Bay and the Charles S. Curtis Memorial Hospital in St. Anthony. Their midwifery practice is considered to be within the accepted scope of nursing practice. Nurse midwifery spans from the period of preconception to post-partum, it is highly desirable for quality and continuity of care for nurse midwives to be permitted and supported to practice to their full scope of practice. In some rural and urban areas of our Province, a limited number of self-employed nurse midwives offer prenatal and postnatal care, as well as, labour support to their clients. Two hospital in our Province had previously expressed interest in implementing nurse midwifery pilot projects: James Paton Memorial Hospital, Gander and the Dr. G. B. Cross Memorial Hospital, Clarenville. . . .

p.9 **1.7 ARNN support and advocate for the implementation of nurse midwifery practice in rural and urban areas of the Province. 1.8 ARNN promote and support nurse midwives practising to their full scope of practice which ensures continuity of care to clients from preconception to post-partum.**

p.10 2. Strategic Direction: ARNN support the recommended educational preparation for the following advanced practices:

. . .

Nurse Midwife - A Bachelor of Nursing degree supplemented by a midwifery degree program . . .

p.11 Although the desired educational preparation for the nurse midwife is at the graduate level, the group is recommending that the minimal preparation be a Bachelor of Nursing supplemented by a midwifery degree program. Both historic and current trends in the preparation of midwives indicate support for preparation at the baccalaureate level rather than the graduate level. In other Canadian provinces where midwifery has been established, a baccalaureate degree is required for licensure as a midwife. As baccalaureate programs in nursing prepare nurse generalists for entry to practice, the committee believes the preferred educational preparation for nurse midwifery advanced practice needs to be at the post-baccalaureate of nursing level.

p.30 4. that the strategic plan identify:

- a. the implementation of nurse-midwifery practice as the most desirable and fiscally responsible model for our province.
- b. nurse-midwifery should be legalized through amendments to the (Newfoundland) Registered Nurses Act.
- c. support for the implementation of birthing centres.
- d. the importance of allowing nurse-midwives to practice to their full scope of practice for the purpose of ensuring continuity of care to clients from preconception to post-partum.

p.34 Settings where nurse-midwives will practice in this province include:

- salaried employee of a Health Care Board who works in both community and hospital settings
- salaried employee of birthing centres
- self-employed nurse who works collaboratively with medical practitioners.

p.48 The Education Working Group recommends that:

- 1. The Advanced practice position statements be adopted:
 - 1.4 Nurse Midwife
- 2. Specific competencies be identified for each advanced practice and furthermore, that this be a priority step in the next phase of this initiative.

p106 Advanced Practitioner Roles

- **Practitioner:** The nurse-midwife is prepared to deliver comprehensive care throughout pregnancy and childbirth within the scope of nursing and midwifery practices. The nurse-midwife provides holistic client and family centered care based on an indepth knowledge of nursing and midwifery. The nurse-midwife evaluates research and

uses findings to guide practice. The foundation of the nurse-midwife's role is advanced clinical practice.

- **Educator:** The nurse-midwife provides education related to childbearing and family planning to the woman and her family as well as to the community. The nurse-midwife also promotes a learning environment in the practice setting for midwives, nurses, students and other health care professionals. The nurse-midwife functions as a resource person, program planner, preceptor, mentor, teacher, and client educator.
- **Leader:** The nurse-midwife promotes and monitors the quality of care to childbearing women and their families through the development of policies, standards of care, and clinical programs and services relating to midwifery care. The nurse-midwife also provides professional leadership by participating in relevant research both at the individual and interdisciplinary levels.

Education

Minimal: BN plus certification from an approved Midwifery program.
Desirable Master of Nursing Degree with certification from an approved Midwifery program.

p107 Core Education Content

Philosophy and principles of midwifery practice
General health assessment and changes related to pregnancy, labour and delivery, lactation and postpartum involution
Fetal and newborn assessments
Common discomforts of pregnancy
Psychological changes with pregnancy and birth
Risk factors in pregnancy and birth
Complications of pregnancy and childbirth
Antepartal, intrapartal, and postpartal care
Legal and ethical issues
Family theory
Technical skills (e.g. suturing)
Clinical research
Counselling for women and families re: decision-making, family planning, loss during pregnancy, etc.
Leadership in nursing
Clinical decision making and diagnostic reasoning
Clinical therapeutics pharmacologic (sic) and non-pharmacologic
Strong Clinical Practicum

Core Competencies

Resources

Midwifery Regulation Advisory Committee. (1995, April). Recommendation for midwifery qualification, education and assessment. Edmonton, AB: Alberta Labour, Professions and Occupations Division.

Alberta Labour, Professions and Occupations Division. (1995). Standards of competency and practice. Edmonton, AB: Author.

Update of the Memorial University Library Resources for 1996/1997

The annual list of Resources of particular interest to members of the Midwives Association. This is the third up-date since the original list, covering materials obtained in the previous 10 years, was printed in the Newsletter in 1994. Additions made in the past year were then printed in September 1995, September 1996, and now September 1997. We have to thank Linda Barnett of the Health Sciences Library for retrieving the information for us. The items have not been checked, and so for some of those listed the author may have used terminology in other than a physiological sense, but the computer would not have distinguished the difference, e.g. "pregnant with a fetus" and "pregnant with an idea" would both appear under the search of the word "pregnant".

Childbearing

American Nurses Association. (1975). Guidelines for short term continuing education programs for the nurse clinician in intensive neonatal care and the nurse clinician in intensive maternal-fetal care.

CALL NUMBER: RG 951 G9 1975, LOCATION: QEII LIBRARY

Association of Registered Nurses of Newfoundland. (1997). Plan of action for the utilization of nurses in advanced practices throughout Newfoundland and Labrador (includes midwives).

CALL NUMBER: WY 16 A849PA 1997, LOCATION: HEALTH SCIENCES

Berek, Jonathan S. (1996). Novak's gynecology.

CALL NUMBER: WP 100 N6T 1996, LOCATION: HEALTH SCIENCES

Berryman, Julia C., and Kate C. Windridge. (1995). Motherhood after 35 : report on the Leicester Motherhood Project.

CALL NUMBER: WQ 200 B534M 1995, LOCATION: HEALTH SCIENCES

Bobak, Irene M. and Margaret Duncan Jensen. (1991). Essentials of maternity nursing.

CALL NUMBER: WY 157 B663E 1991, LOCATION: HEALTH SCIENCES

Brockington, Ian F. (1996). Motherhood and mental health.

CALL NUMBER: RG 850 B76 1996, LOCATION: QEII LIBRARY

Bronson, Richard. (1996). Reproductive immunology.

CALL NUMBER: WQ 240 R425 1996, LOCATION: HEALTH SCIENCES

Brown, Sarah S., and Leon Eisenberg. (Editors). (1995).

The best intentions : unintended pregnancy and the well-being of children and families / Committee on Unintended Pregnancy, Division of Health Promotion and Disease Prevention, Institute of Medicine.

CALL NUMBER: HQ 766.5 U5 B47 1995, LOCATION: QEII LIBRARY

- Browne, Alan. (Editor). (1995). Masters, midwives, and ladies-in-waiting : the Rotunda Hospital 1745-1995.
CALL NUMBER: RG 501 I73 M37 1995, LOCATION: QEII LIBRARY
- Buist, Anne Elizabeth. (1996). Psychiatric disorders associated with childbirth : a guide to management.
CALL NUMBER: RG 850 B84 1996, LOCATION: QEII LIBRARY
- Campbell, Marie. Folks do get born. Illustrated by Clare Leighton.
CALL NUMBER: RG 962.5 N4 C3, LOCATION: QEII LIBRARY
- Carter, Pam. (1995). Feminism, breasts and breast feeding.
CALL NUMBER: HQ 1206 C274 1995 LOCATION: QEII LIBRARY
- Cohen, Susan M., Carole Ann Kenner, Andrea O. Hollingsworth. (1991). Maternal, neonatal, and women's health nursing.
CALL NUMBER: WY 157 C678M 1991, LOCATION: HEALTH SCIENCES
- Conference on Counseling in Abortion Services (1973 : Columbia University). Counseling in abortion services : physician, nurse, social worker; developing a model for an interdisciplinary approach to counseling in abortion services / Co-sponsors: The Continuing Education Program, Columbia University School of Social Work and the Bureau of Maternity Services and Family Planning, and the Office of Public Health Social Work, New York City Dept. of Health. Conference report. November 14, 1973.
CALL NUMBER: HQ 767 C66 1973, LOCATION: QEII LIBRARY
- CRAG Working Group on Maternity Services. (1996). Report on detection and early intervention in postnatal depression / National Health Service in Scotland. Clinical Resource and Audit Group. Working Group on Maternity Services.
CALL NUMBER: WM 171 N277R 1996, LOCATION: HEALTH SCIENCES
- CRAG Working Group on Maternity Services. (1996). Report on pain relief in labour / National Health Service in Scotland. Clinical Resource and Audit Group. Working Group on Maternity Services.
CALL NUMBER: WO 450 N277R 1996, LOCATION: HEALTH SCIENCES
- Datta, Sanjay. (1996). Anesthetic and obstetric management of high-risk pregnancy.
CALL NUMBER: WO 450 A5795 1996, LOCATION: HEALTH SCIENCES
- DuBose, Terry J. (1996). Fetal sonography.
CALL NUMBER: WQ 209 F419 1996, LOCATION: HEALTH SCIENCES
- Elving, Ronald D. (1955). Conflict and compromise : how Congress makes the law.
CALL NUMBER: KF 3531 E45 1995, LOCATION: QEII LIBRARY

- Friedman, J. M. (Jan Marshall), and Janine E. Polifka. (1996).
The effects of drugs on the fetus and nursing infant : a
handbook for health care professionals.
CALL NUMBER: QS 629 F911E 1996, LOCATION: HEALTH SCIENCES
- Gabbe, Steven G., Jennifer R. Niebyl, Joe Leigh Simpson,
George J. Annas ... [et al.], (1996). Obstetrics : normal and
problem pregnancies.
CALL NUMBER: WQ 100 O165 1996, LOCATION: HEALTH SCIENCES
- Gorrie, Trula Myers, Slone McKinney, and Sharon Smith Murray.
(1994). Foundations of maternal newborn nursing.
CALL NUMBER: WY 157.3 G673F 1994, LOCATION: HEALTH SCIENCES
- Green, Carolyn Joanne et al. (1996). Routine ultrasound imaging
in pregnancy : how evidence-based are the guidelines?
CALL NUMBER: WQ 209 R869 1996, LOCATION: HEALTH SCIENCES
- Hamric, Ann B., Judith A. Spross, and Charlene M. Hanson. (1996).
Advanced nursing practice : an integrative approach.
CALL NUMBER: WY 101 A244 1996, LOCATION: HEALTH SCIENCES
- Health Canada. (1995/96). Canadian perinatal surveillance system :
progress report.
CALL NUMBER: WA 310 C212 1995, LOCATION: HEALTH SCIENCES
- Heinicke, Christoph M. (Christoph Mathew), and Ilse J. Westheimer
with the assistance of Elizabeth Wolpert. (1966). Brief
separations .
CALL NUMBER: BF 723 M35 H4 1966, LOCATION: QEII LIBRARY
- Isaacs, Harat. (1997). Tumors of the fetus and newborn.
CALL NUMBER: QZ 275 I73T 1997, LOCATION: HEALTH SCIENCES
- Jacobus, Mary. (1995). First things : the maternal imaginary
in literature, art, and psychoanalysis.
CALL NUMBER: PN 56 P92 J33 1995, LOCATION: QEII LIBRARY
- Krummel, Debra A. and Penny M. Kris-Etherton. (1996).
Nutrition in women's health.
CALL NUMBER: WA 309 N976 1996, LOCATION: HEALTH SCIENCES
- Kuller, Jeffrey A., Nancy C. Chescheir, and Robert C. Cefalo.
(1996). Prenatal diagnosis & reproductive genetics.
CALL NUMBER: WQ 209 K96P 1996, LOCATION: HEALTH SCIENCES
- Lederman, Regina Placzek. (1996). Psychosocial adaptation in
pregnancy : assessment of seven dimensions of maternal
development.
CALL NUMBER: WQ 200 L473P 1996, LOCATION: HEALTH SCIENCES

- Lewis, Michael, and Margaret Bendersky. (Editors). (1995).
Mothers, babies, and cocaine : the role of toxins in
development.
CALL NUMBER: RG 580 D76 M68 1995, LOCATION: QEII LIBRARY
- Loke, Y. W., and Ashley King. (1995). Human implantation : cell
biology and immunology.
CALL NUMBER: QP 275 L65 1995, LOCATION: QEII LIBRARY
- Luker, Kristin. (1996). Dubious conceptions : the politics of
teenage pregnancy.
CALL NUMBER: HQ 759.4 L85 1996, LOCATION: QEII LIBRARY
- National Council of Welfare. (1997). Healthy parents, healthy
babies.
CALL NUMBER: LOCATION: HEALTH SCIENCES
- Newfoundland and Labrador Midwives Association. (1992 to present).
Newsletters (formerly with the Alliance of Midwives, Maternity
and Neonatal Nurses of Newfoundland and Labrador).
CALL NUMBER: WQ 160 n457N Ref., LOCATION: HEALTH SCIENCES
- Parker, Rozsika. (1995). Torn in two : the experience of maternal
ambivalence.
CALL NUMBER: HQ 759 P375 1995, LOCATION: QEII LIBRARY
- Perkins, Wendy. (1996). Midwifery and medicine in early modern
France : Louise Bourgeois.
CALL NUMBER: RG 510 B6 P47 1996, LOCATION: QEII LIBRARY
- Queenan, John T. and John C. Hobbins. (1996). Protocols for
high-risk pregnancies.
CALL NUMBER: WQ 240 P967 1996, LOCATION: HEALTH SCIENCES
- Ratcliffe, Stephen D., Janis E. Byrd, and Ellen L. Sakornbut.
(1996). Handbook of pregnancy and perinatal care in family
practice : science and practice.
CALL NUMBER: WQ 39 H2367 1996, LOCATION: HEALTH SCIENCES
- Reed, G. B. (George B.), A.E. Claireaux, and F. Cockburn, with
G.G. Ashmead ... [et al.]. (Editors). (1995). Diseases of the
fetus and newborn : pathology, imaging, genetics, and
management.
CALL NUMBER: WQ 211 D611 1995 V.1, LOCATION: HEALTH SCIENCES
CALL NUMBER: WQ 211 D611 1995 V.2, LOCATION: HEALTH SCIENCES
- Reeder, Sharon J., Leonide L. Martin, and Deborah Koniak-Griffin.
(1997). Maternity nursing : family, newborn, and women's
health care.
CALL NUMBER: WY 157 M31 1997, LOCATION: HEALTH SCIENCES
CALL NUMBER: WY 157 M31 1997 PT.X, LOCATION: HEALTH SCIENCES

- Reproductive Care Program of Nova Scotia. (1996). Database report, Nova Scotia Atlee Perinatal Database Report : January 1/95-December 31/95.
CALL NUMBER: WQ 210 R425D 1996, LOCATION: HEALTH SCIENCES
- Reproductive Care Program of Nova Scotia. (1996). Joint statement on the provision of primary maternity care.
CALL NUMBER: WQ 210 R425J 1996, LOCATION: HEALTH SCIENCES
- Rice, Carla. (1995). Promoting healthy body image : a guide for program planners / prepared for the Ontario Prevention Clearinghouse.
CALL NUMBER: WQ 200 R495P 1995, LOCATION: HEALTH SCIENCES
- Rueff, Jacob, ca. 1500-1558. (1637). The expert midwife. Or, an excellent and most necessary treatise on the generation and birth of man.
CALL NUMBER: WZ 250 R919E 1637A, LOCATION: HEALTH SCIENCES
- Samuels, Suzanne Uttaro. (1995). Fetal rights, women's rights : gender equality in the workplace.
CALL NUMBER: HD 6067.2 U6 S25 1995, LOCATION: QEII LIBRARY
- Schuurmans, Nan. (Chair). Society of Obstetricians and Gynaecologists of Canada, Clinical Practice Obstetrics Committee. (1995). Healthy beginnings : guidelines for care during pregnancy and childbirth. No. 18.
CALL NUMBER: WQ 100 H434 1995, LOCATION: HEALTH SCIENCES
- Sherwen, Laurie Nehls, Mary Ann Scoloveno, and Carol Toussie Weingarten. (1995), Nursing care of the childbearing family.
CALL NUMBER: WY 157.3 S554N 1995, LOCATION: HEALTH SCIENCES
- Siney, Catherine. (Editor). (1995). The Pregnant drug addict.
CALL NUMBER: WQ 240 P923 1995, LOCATION: HEALTH SCIENCES
- Spitzer, Alan R. (1996). Intensive care of the fetus and neonate.
CALL NUMBER: WS 421 I61 1996, LOCATION: HEALTH SCIENCES
- Sweet, Betty R. and Denise Tiran. (Editors). (1997). Mayes' midwifery : a textbook for midwives.
CALL NUMBER: WY 157 M469H 1997, LOCATION: HEALTH SCIENCES
- Thompson, Sharon. (1995). Going all the way : teenage girls' tales of sex, romance, and pregnancy.
CALL NUMBER: HQ 27.5 T48 1995, LOCATION: QEII LIBRARY
- Tucker, Susan M. (1996). Mosby's Pocket Guide Series. Fetal monitoring and assessment. 3rd edition.
CALL NUMBER: WQ 39 T894P 1996, LOCATION: HEALTH SCIENCES

Varney, Helen. (1997). Varney's midwifery. 3rd edition. (Previous title was Nurse-midwifery).

CALL NUMBER: WY 157 V318N 1997, LOCATION: HEALTH SCIENCES

Wadhera, Surinder and Wayne Millar. Reproductive health : pregnancies and rates, Canada, 1974-1993 = Sant*e p*erinatale : grossesses et taux, Canada, 1974-1993.

CALL NUMBER: 82-568, LOCATION: QEII LIBRARY

Walton, Irene. (1994). Sexuality and motherhood.

CALL NUMBER: HQ 29 W34 1994, LOCATION: QEII LIBRARY

Ward, Richard Humphry Thomas and Martin Whittle. (Editors). (1995). Multiple pregnancy.

CALL NUMBER: WQ 235 M963 1995, LOCATION: HEALTH SCIENCES

Whittle, Martin J. and J.M. Connor. (Editors). (1995). Prenatal diagnosis in obstetric practice.

CALL NUMBER: WQ 209 P926 1995, LOCATION: HEALTH SCIENCES

Wigglesworth, Jonathan S. (1996). Perinatal pathology.

CALL NUMBER: WQ 211 W656P 1996, LOCATION: HEALTH SCIENCES

Willis, Deborah. (1995). Malevolent nurture : witch-hunting and maternal power in early modern England.

CALL NUMBER: BF 1581 W55 1995, LOCATION: QEII LIBRARY

Wilson, Philip K., Ann Dally, and Charles B. King. (1996). Childbirth : changing ideas and practices in Britain and America 1600 to the present.

CALL NUMBER: RG 518 U5 C47 1996 V.1, LOCATION: QEII LIBRARY

CALL NUMBER: RG 518 U5 C47 1996 V.2, LOCATION: QEII LIBRARY

CALL NUMBER: RG 518 U5 C47 1996 V.3, LOCATION: QEII LIBRARY

CALL NUMBER: RG 518 U5 C47 1996 V.4, LOCATION: QEII LIBRARY

CALL NUMBER: RG 518 U5 C47 1996 V.5, LOCATION: QEII LIBRARY

Neonatal

American Nurses Association. (1975). Guidelines for short term continuing education programs for the nurse clinician in intensive neonatal care and the nurse clinician in intensive maternal-fetal care.

CALL NUMBER: RG 951 G9 1975, LOCATION: QEII LIBRARY

Brazelton, T. Berry, and J. Kevin Nugent. (1995). Neonatal behavioral assessment scale.

CALL NUMBER: WS 105 B827N 1995, LOCATION: HEALTH SCIENCES

Cohen, Susan M., Carole Ann Kenner, Andrea O. Hollingsworth. (1991). Maternal, neonatal, and women's health nursing.

CALL NUMBER: WY 157 C678M 1991, LOCATION: HEALTH SCIENCES

- Friedman, J. M. (Jan Marshall), and Janine E. Polifka. (1996).
The effects of drugs on the fetus and nursing infant : a
handbook for health care professionals.
CALL NUMBER: QS 629 F911E 1996, LOCATION: HEALTH SCIENCES
- Gorrie, Trula Myers, Slone McKinney, and Sharon Smith Murray.
(1994). Foundations of maternal newborn nursing.
CALL NUMBER: WY 157.3 G673F 1994, LOCATION: HEALTH SCIENCES
- Isaacs, Harat. (1997). Tumors of the fetus and newborn.
CALL NUMBER: QZ 275 I73T 1997, LOCATION: HEALTH SCIENCES
- Lewis, Michael, and Margaret Bendersky. (Editors). (1995).
Mothers, babies, and cocaine : the role of toxins in
development.
CALL NUMBER: RG 580 D76 M68 1995, LOCATION: QEII LIBRARY
- National Council of Welfare. (1997). Healthy parents, healthy
babies.
CALL NUMBER: LOCATION: HEALTH SCIENCES
- Philip, Alistair G. S. (1996). Neonatology : a practical guide.
CALL NUMBER: WS 420 P48N 1996, LOCATION: HEALTH SCIENCES
- Reed, G. B. (George B.), A.E. Claireaux, and F. Cockburn, with
G.G. Ashmead ... [et al.]. (Editors). (1995). Diseases of the
fetus and newborn : pathology, imaging, genetics, and
management.
CALL NUMBER: WQ 211 D611 1995 V.1, LOCATION: HEALTH SCIENCES
CALL NUMBER: WQ 211 D611 1995 V.2, LOCATION: HEALTH SCIENCES
- Reeder, Sharon J., Leonide L. Martin, and Deborah Koniak-Griffin.
(1997). Maternity nursing : family, newborn, and women's
health care.
CALL NUMBER: WY 157 M31 1997, LOCATION: HEALTH SCIENCES
CALL NUMBER: WY 157 M31 1997 PT.X, LOCATION: HEALTH SCIENCES
- Spitzer, Alan R. (1996). Intensive care of the fetus and neonate.
CALL NUMBER: WS 421 I61 1996, LOCATION: HEALTH SCIENCES
- Taeusch, H. William, Robert O. Christiansen, and E. Stephen
Buescher. (1996), Pediatric and neonatal tests and procedures.
CALL NUMBER: WS 141 P367 1996, LOCATION: HEALTH SCIENCES
- Taketomo, Carol K., Jane Hurlburt Hodding, and Donna M. Kraus.
(1996-97). Pediatric dosage handbook : including neonatal
dosing, drug administration, and extemporaneous preparations.
CALL NUMBER: WS 366 S558D 1996-97, LOCATION: HEALTH SCIENCES
- Journal of the Society of Pediatric Nurses : JSPN. XX(1175530.1)

Feeding

Canadian Institute of Child Health. (1993) Breastfeeding guidelines for health care providers (1st edition).

(1996) National breastfeeding guidelines for health care providers (2nd edition).

CALL NUMBER: WS 125 C212N 1993, LOCATION: HEALTH SCIENCES

CALL NUMBER: WS 125 C212N 1996, LOCATION: HEALTH SCIENCES

Carter, Pam. (1995). Feminism, breasts and breast feeding.

CALL NUMBER: HQ 1206 C274 1995 LOCATION: QEII LIBRARY

Friedman, J. M. (Jan Marshall), and Janine E. Polifka. (1996).

The effects of drugs on the fetus and nursing infant : a handbook for health care professionals.

CALL NUMBER: QS 629 F911E 1996, LOCATION: HEALTH SCIENCES

Matthews, Mary Kathleen, et al. (1994). Infant feeding practices in Newfoundland and Labrador : a study of the first six months of life ; final report (submitted to the Toronto Hospital for Sick Children Foundation).

CALL NUMBER: WS 120 I45 1994, LOCATION: HEALTH SCIENCES

CALL NUMBER: RJ 216 I496 1994, LOCATION: QEII LIBRARY

Sage Research Corporation. (1995). Study of attitudes on breastfeeding / prepared for Family and Child Health Unit, Health Canada.

CALL NUMBER: WS 125 S933 1995, LOCATION: HEALTH SCIENCES

Sage Research Corporation. (1995). Study of attitudes on breastfeeding: executive summary = *etude sur les attitudes par rapport *a l'allaitement maternel: sommaire ex*ecutif / prepared for Family and Child Health Unit, Health Canada.

CALL NUMBER: WS 125 S9331 1995, LOCATION: HEALTH SCIENCES

Audio-visual materials

Assisting a vaginal breech birth [videorecording - 39 min] / Video Farm Productions. Gaskin, Ina May.

CALL NUMBER: WQ 307 A848 1992, LOCATION: HEALTH SCIENCES

The Birth of a handicapped child [videorecording - 39 min] / V & A Productions. Nicol, Margaret.

CALL NUMBER: WQ 210 U55 1992 PT.1, LOCATION: HEALTH SCIENCES

Breastfeeding [videorecording - 20 min] : go with the flow.

Breastfeeding Coalition of Newfoundland and Labrador Inc

CALL NUMBER: WS 125 B827 1997, LOCATION: HEALTH SCIENCES

Crisis obstetrics [videorecording] / St. Louis : Mosby, Division of Continuing Education and Training, 1995. Poole, Judith H.
 1. Emergency and complicated deliveries (24 min)
 2. Hemorrhagic disorders in pregnancy (21 min)
 3. Hypertension in pregnancy (19 min)

CALL NUMBER: WQ 240 C932 1995 PT.1, LOCATION: HEALTH SCIENCES

CALL NUMBER: WQ 240 C932 1995 PT.1 BOOKLET,

CALL NUMBER: WQ 240 C932 1995 PT.2, LOCATION: HEALTH SCIENCES

CALL NUMBER: WQ 240 C932 1995 PT.2 BOOKLET,

CALL NUMBER: WQ 240 C932 1995 PT.3, LOCATION: HEALTH SCIENCES

CALL NUMBER: WQ 240 C932 1995 PT.3 BOOKLET,

Fetal alcohol syndrome [videorecording - 19 min].

Films for the Humanities (Firm).

CALL NUMBER: WQ 211 F418 1992, LOCATION: HEALTH SCIENCES

Having your baby [videorecording - 2 hours] : Lamaze prepared childbirth. Hammond, Ronnie.

CALL NUMBER: WQ 150 H388 1993, LOCATION: HEALTH SCIENCES

Infertility [videorecording - 24min] / V & A Productions.

Nicol, Margaret.

CALL NUMBER: WQ 210 U55 1992 PT.3, LOCATION: HEALTH SCIENCES

Loss of a baby [videorecording - 45 min] : death of a dream / V & A Productions. Nicol, Margaret.

CALL NUMBER: WQ 210 U55 1992 PT.2, LOCATION: HEALTH SCIENCES

Miscarriage & still birth [videorecording - 51 min] /

V & A Productions. Nicol, Margaret.

CALL NUMBER: WQ 210 U55 1992 PT.4, LOCATION: HEALTH SCIENCES

National AIDS Clearing House. (1994). Journey Home

[videorecording - 39 min]. Three chapters about aboriginal people with HIV/AIDS:

1. A young mother; 2. A young man; 3. An older man.

Funding provided by Medical Services Branch, Health Canada.

Puttkamer, Peter von .

CALL NUMBER: WC 503.7 J86 1994, LOCATION: HEALTH SCIENCES

Nature's way [videorecording - 27 min]. Traditional medicine of herbs and other remedies for all conditions including midwifery experiences. Whitesburg, Kentucky : Appalachian Film Workshop. Bennett, Alan.

CALL NUMBER: WZ 309 N285 1973, LOCATION: HEALTH SCIENCES

Neonatal death [videorecording - 46 min] / V & A Productions.

Nicol, Margaret.

CALL NUMBER: WQ 210 U55 1992 PT.5, LOCATION: HEALTH SCIENCES

Physical assessment of the neonate. Gestational age assessment [videorecording - 24 min] / produced by TeleMedia Productions, Golden West College ; in association with MedVid Productions. Gorrie, Trula.

CALL NUMBER: WS 420 P579 1995, LOCATION: HEALTH SCIENCES

CALL NUMBER: WS 420 P579 1995 MANUAL

Prenatal development [videorecording - 26 min] : a life in the making. Covers conception, embryonic and fetal development, and environmental influences, like drugs, malnutrition, infections, hypertension, Rh factor, parent's ages. Schlafer, Nancy.

CALL NUMBER: WS 103 D488 NO.6 1996, LOCATION: HEALTH SCIENCES

Conferences

October 27, 1997. 0830 to 1430 at Confederation Building, St. John's, Women's Health Network Newfoundland and Labrador meeting with Abby Hoffman, Joan Marie Aylward, Julie Bettney, to present papers regarding health issues.

Cost: \$20 (includes lunch) cheque payable to Women's Health Network, 3rd floor, Grace General Hospital Nurses Residence, LeMarchant Road, St. John's, NF A1E 1P9

November 7, 1997. 0900 to 1600 at Royal Botanical Gardens, Burlington, Ontario. WHO/UNICEF Baby Friendly Initiative: Hospital Assessor's Training Course.

Cost: \$125 until Sept.30/ \$150 afterwards. Cheque payable to Breastfeeding Committee for Canada, c/o Mara Esposto, McMaster University, 1200 Main Street West, HSC 2VII, Hamilton, ON L8N 3Z5
Inquiries: Marilyn Sanders, e-mail: mjsan@istar.ca

November 14, and 15 (workshop), 1997, at Metro Toronto Convention Centre, the University of Toronto's Centre for Research in Women's Health annual conference. Topic: Managing pain in childbirth. Controversies and future directions. Speakers include: Penny Simkin, Eileen Hutton, Ellen Hodnett etc.

Cost: Nov 14 conference - \$100 before Oct. 31/ \$110 afterwards. Inquire about early \$50 student rate.

Nov. 15 2 hour workshop - \$50. Cheque payable to Maternal, Infant and Reproductive Health Research Unit, 790 Bay Street, #712, Toronto, ON M5G 1N8

Inquiries: M.I.R.H.R.U., fax: 416-351-3771

Legalize midwifery, Minister Aylward

By KARENE TWEEDIE
and ROBYN BEAUDRY

TELEGRAM FORUM

Midwifery has received much encouraging coverage lately in The Evening Telegram. Our thanks to Martha Muzychka for raising the issue concerning the recommendations made in 1993 by the Provincial Advisory Committee on Midwifery to legalize the profession ("Midwifery report gathering dust," Telegram, May 3).

The report has been gathering dust as Lloyd Matthews believed there was neither the need nor the consumer desire for midwifery in this province. On the contrary, both are in evidence.

The consumer group Friends of Midwifery was featured in Lifestyles Special Report, ("Birth rights," May 17) and presented a comprehensive account of the midwifery situation here. Women want more choice, control, and continuity during the childbearing process. Women approach midwives seeking midwifery care and are disappointed to discover midwifery is illegal.

Dr. David Prior recognizes the need for midwives and raised the

question "Where are the midwives?" (Telegram, May 10). We are here, eagerly awaiting legislation to enable us to work in our chosen profession. Qualified midwives are well educated, highly skilled, and competent professionals who could contribute enormously to improving maternal-newborn health care in this province and reducing health care costs.

Research evidence abounds worldwide affirming the benefits of midwifery care, too much to be ignored. The countries with the lowest infant, maternal, and perinatal morbidity and mortality rates are those in which midwives work extensively (e.g. Sweden, Finland, Holland).

The World Health Organization recommends that midwives are the most appropriate health care professionals to care for most women during pregnancy, labor and delivery, and the postpartum

period. Why then are the women of Newfoundland and Labrador being denied the expertise of midwifery care?

Unfortunately, lack of knowledge and misunderstandings concerning midwifery permeates the health care system and Newfoundland society. This is a pity because midwives and doctors could work extremely effectively in a complementary working relationship to enhance the quality of care to childbearing women. We would welcome any opportunities to provide information and correct misunderstandings.

We urge Joan Marie Aylward to blow the dust off the legislation recommendations and make midwifery a priority consideration. We also urge you, the public, to make your voices heard. As midwives, our hands are tied without legislation. Please untie our hands and allow us to practice our profession in its fullest scope. You won't be disappointed.

Karene Tweedie and Robyn Beaudry write on behalf of the Newfoundland and Labrador Midwives Association. They are based in St. John's.

We need midwives, but in a hospital setting

By DAVID C. PRIOR

TELEGRAM FORUM

It was encouraging to see The Evening Telegram giving prominence to midwives in their special report ("Birth rights," May 17) but your correspondent, Jean Edwards Stacey, did nothing to help "getting the issue off the back burner." It did however illustrate why we are getting nowhere by combing irrelevant aspects and negative stories with the initial short-term answers.

Home births should have, and are, going the way of the Dodo. When women say they want a choice, a choice for what? The choice of having a baby in circumstances where in the event of a problem, expert care can be summoned or having a baby where no such help is available. Those of us who want this "choice" have not obviously been on an obstetric flying squad, rushing out in the middle of the night to isolated places, to a patient in extremis, with a dead baby. Is that what women really want?

We hear a lot these days about the rights of a fetus. Doesn't the fetus have a right to be born under the best possible circumstances

available?

Pearl Hebert's statement that licensed midwives should be licensed to practice anywhere in Newfoundland is professionally irresponsible. That is putting the clock back 100 years. Yes, legalize midwifery at once, but with controls and placement of midwives in hospitals where crisis can be coped with rapidly. You cannot equate delivery with post natal care.

Mary Featon's story illustrates what should be happening. Delivery in the safety of a hospital, early discharge if requested, and midwife involvement. In absolute contrast is Laurie Whitley's idea that she should deliver at home, because a midwife friend is visiting. This is, again, irresponsible.

How will she live with a cerebral palsy child, if something goes wrong at home, that could have been alleviated in hospital? That

chance is higher at home, maternal mortality still exists. Has she no feelings for the rest of the family, in putting herself at risk? A baby needs a mother!

There are still those of us around that can remember the days when there was an unacceptable loss of mothers and babies at home. The same can also happen in hospital, but is minimized. Women now in their reproductive years have not experienced the obstetric problems of the past. They should get out their history books and statistics.

My remarks from a previous Telegram Forum ("Where are the midwives?" May 10) were unfortunately taken out of context in this special report. While I feel that midwives or obstetric nurses are the people to deliver babies, expert on-site help should always be accessible to them.

Again we need midwives, and need them in a hospital setting. The concept of choice surely has no place, when a mother, child, and the family at home, are at risk.

David C. Prior is an obstetrician and gynecologist. He lives in Appleton.

Let midwives deliver babies on the island

By PEARL HERBERT

In reply to Dr. Prior's "We need midwives" (June 1) it is erroneous to charge me with being "professionally irresponsible" in stating that all women in Newfoundland and Labrador deserve the same benefits from midwives as received by the women in Goose Bay and St. Anthony.

Over the years the educational preparation of midwives has changed but midwives are not per-

TELEGRAM FORUM

mitted to practice outside of these northern areas and members of the Newfoundland and Labrador Midwives Association do not attend home births.

Midwives are an integral part of the health services, but midwives and home births are not synony-

mous. In this province women are seeking continuity of care from someone whom they have chosen.

Dr. Prior writes about the "flying squad" emergency ambulance service in the days when homes, rather than mothers and their unborn babies, were assessed for place of birth.

As a registrar (resident) learning to be an obstetrician Dr. Prior would not have seen the many uncomplicated births; he would have been concentrating on the estimated 15 per cent with prob-

lems.

Dr. Prior may remember that following the introduction of the British National Health Service in 1948 there were many reports and reorganizations carried out right into the 1970s. These all resulted in more hospitals being built, more maternity beds and the medicalization of childbirth. Now, in Britain, they are having to take steps to rectify all their mistakes.

In the 1992 British House of Commons health committee report on maternity services, it is written

that although mortality rates did fall in this time period "the years when hospitalization increased most were the years when the perinatal mortality declined the least. . . There is no evidence to support the claim that the safest policy is for all women to give birth in hospital, or for the policy of closing small obstetric units on grounds of safety."

There are many recommendations in this report in an endeavor to normalize childbirth and for women to be able to "exercise

choice as to the personnel who will be responsible for their care."

Mistakes have also been made in Newfoundland and Labrador which now need to be corrected. One way is by passing midwifery legislation similar to the legislation, in various implementation stages, in the six provinces outside of the Atlantic region.

Pearl Herbert is a British-trained nurse-midwife and president of the Newfoundland and Labrador Midwives Association. She is based in St. John's.

*Sunday Telegram,
June 15, 1997, p. 10*

LETTERS

Legalize midwives

I feel compelled to write in response to Dr. Prior's letter to the Sunday Telegram ("We need midwives, but in hospital setting," June 1).

I find it sad that he finds it necessary to personally criticize two intelligent and responsible individuals (Pearl Herbert and Lori Whitley) in his quest to convince everyone that home birth is a dangerous and life-threatening occurrence that no one in their right mind would consider.

As a midwife, I have attended home births, hospital births, and low risk unit births. I understand and accept that a home birth is not for everyone. Many women, given the choice, would opt for a hospital delivery. However, I do not accept Dr. Prior's viewpoint that home births are unsafe.

I question where Dr. Prior finds data to support his beliefs regarding home birth. In all the research that I have read, home birth has been found to be just as safe as hospital delivery. I

would like to quote just a few sources here:

- Ackermann-Lieblich et al. (British Medical Journal, Vol. 313, 1996) compared 369 home births to 486 hospital births. They found that the home birth group needed significantly less medication and fewer interventions, whereas no differences were found in perinatal mortality of the babies' clinical condition at birth.

- Durand (American Journal of Public Health, Vol. 82, 1992) compared 1,707 home births to 14,033 hospital births and found no differences between the groups regarding fetal and neonatal deaths or labor-related complications.

- Woodcock, Read, Bower, Stanley and Moore (Midwifery, Vol. 10, 1994), who compared 976 home births to 2,928 hospital births, noted that planned home births were associated with less intervention than hospital births, and with less maternal and neonatal morbidity.

I am neither for nor against home birth. What I do support is women's choice and I believe that the women of Newfoundland and Labrador

should have the same choices open to them as women in other Canadian provinces (e.g., Ontario, B.C.) and many European countries. It would then be up to the women and their families to consider the risks and benefits of home birth and decide for themselves what their birth plan will entail.

*Robyn Beaudry
Paradise*



CANADIAN PERINATAL SURVEILLANCE SYSTEM
Information Sheet - May 1997

Over the past two years, Health Canada has been working with partners to strengthen Canada's public health information network by eliminating gaps in national health surveillance. One of the programs undertaken under the Public Health Intelligence initiative is the development of a Canadian Perinatal Surveillance System (CPSS).

Health Canada's Laboratory Centre for Disease Control (LCDC), under the guidance of a Steering Committee comprised of Canadian and international experts in perinatal health and epidemiology, and representatives of health professional organizations, consumer and advocacy groups and the provincial and territorial governments, has been working on the development of a system to monitor trends and disparities in perinatal health.

The mission of the CPSS is "to contribute to improved health for mothers and babies in Canada." More specifically, the goal of the CPSS is to establish a timely national surveillance system that will allow for data collection, analysis, and response on various perinatal health determinants and outcomes. Some of the proposed indicators of perinatal health include biological characteristics such as pre-pregnancy body mass index, facts about perinatal health care including first trimester antenatal care and use of antenatal steroids, and sociodemographic behavioural indicators such as teenage pregnancy, educational attainment and cigarette smoking. The perinatal outcomes examined will include birth outcome, neonatal health, and infant and maternal mortality and morbidity.

An integral aspect of the CPSS is the requirement for timely responses to be built into the surveillance system. In other words, not only will the proposed surveillance system be able to identify disparities in the health of Canadian mothers and babies, but it will initiate action to address these disparities. The CPSS will also make use of international comparisons to ascertain areas where the health of Canadian mothers and babies may be inferior to that in other industrialized countries, and work to rectify that situation. The first level of response for the CPSS will be prompt, reliable reporting of the surveillance analyses to a wide audience. The mandate for further action is shared among the many partners in the surveillance system - governments, health professionals, health organizations, researchers and consumers.

Our mission is to help the people of Canada maintain and improve their health.

Canada

The CPSS will also be useful in identifying positive aspects of perinatal care and therefore ensuring that we continue to pursue the most effective and efficient health care for both mothers and babies.

The Steering Committee guiding the development of the CPSS has been meeting on a regular basis since January 1995. There has been much work on the initial development stages for the surveillance system. Various subcommittees have been formed to deal with specific aspects of the CPSS development and implementation. Below is an update of new activities since our November '96 Information Sheet.

Since the fall of 1996 we have been criss-crossing the country, making presentations and meeting and consulting with key stakeholders about the specifics of the CPSS. At the same time we have been seeking participants for the pilot phase of the project. Much work is underway in preparing several sites for the pilot phase, which will commence early fall 1997 and run until December 1998. Consultations are still taking place and will continue throughout the pilot.

The CPSS list of variables and their definitions has been finalized and is being sent to pilot sites. The data collected from the variables will then be used to create the indicators on which CPSS will report. The indicator list has also been refined, based on comments received through the consultation process. A support document is being prepared, the Indicator Reference Manual, which will contain for each indicator: its definition, the significance of the indicator, background on the indicator, medical, social and related issues, limitations of the indicator and key references.

The Analysis Subcommittee has prepared an analysis plan for each indicator. The Communications and Response Subcommittee has produced a Response Framework for the CPSS. This framework details what will be done with the information once the data has been analysed and how the information will be disseminated.

Several articles have been written by staff and members of the Steering Committee and there have been presentations at various conferences as well. The following is just a sampling of the activities: "Recent trends in Canadian infant mortality rates: effects of changes in registration of live newborns weighing less than 500g" by K.S. Joseph and Michael S. Kramer published in the Canadian Medical Association Journal, October 15, 1996; 155 (8); "Canadian infant mortality: 1994 update" by K.S. Joseph and Micheal S. Kramer published in Canadian Medical Association Journal, January 15, 1997; 156 (2); Episiotomy Counts: The use of episiotomy in Canada, 1981-1994" by Ian D. Graham and Dawn Fowler Graham forthcoming in Birth; "Decreasing birth-weight (BWT)-specific fetal mortality rate (FMR) in Canada 1985 to 1992" by A.C. Allen, K.S. Joseph, M.S. Kramer and M.E. Fair for the Fetal/Infant Mortality Study Group of the CPSS, to be presented at the Society for Pediatric Epidemiologic Research 10th Annual Meeting in June 1997.

For more information concerning the Canadian Perinatal Surveillance System, please contact the Coordinator, Dawn Fowler Graham, at LCDC. She can be reached by phone (613) 957-4689, by fax (613) 941-9927, or by e-mail (Dawn_Fowler_Graham@inet.hwc.ca).

May 1997

BREASTFEEDING CANADA

Mission Statement

The protection, promotion and support of breastfeeding within Canada as the optimal method of infant feeding.

Goal

Establish breastfeeding as the cultural norm for infant feeding within Canada.

Objectives

Provide ongoing expert advice and recommendations on breastfeeding to governments and organizations on research, policy and program development and direction.

Facilitate the development of collaborative strategies to promote, support and protect breastfeeding in Canada.

Provide a forum for addressing issues brought forward to the group.

Share information and maintain ongoing communication between governments and organizations to protect, promote and support breastfeeding.

Membership

The group consists of independent experts and representatives of the following associations or organizations:

Aboriginal Nurses Association of Canada
Canadian Lactation Consultant Association
Canadian Confederation of Midwives
Dieticians of Canada
Canadian Healthcare Association
Canadian Institute of Child Health
Canadian Medical Association
Canadian Nurses Association
Canadian Paediatric Society
Canadian Perinatal Regionalization Coalition
Canadian Pharmaceutical Association
Canadian Public Health Association
College of Family Physicians of Canada
Federal/Provincial/Territorial Group on Nutrition
Health Canada
INFACT Canada
La Leche League Canada
Ligue La Leche
Society of Obstetricians and Gynecologists of Canada
UNICEF Canada

Co-Chair

Rotating members elected to a two year term.

Meetings

Held approximatively once a year.
Subcommittees work on identified issues on an ongoing basis.

Editorial Committee

Jacki Glover, Roberta Hewat, Cheryl Levitt, Mary O'Brien, Marilyn Sanders, Pierrette Tremblay

Statements and opinions expressed in this newsletter are those of the authors and not necessarily the opinion of the member organizations.

WORKING TOWARD CHANGE

National BFI Survey Underway; Assessor Training and National BFI Launch Planned

NEWS FROM THE BREASTFEEDING COMMITTEE FOR CANADA

Welcome to the second issue of *Breastfeeding Canada*! As reported last fall, the Breastfeeding Committee for Canada (BCC) has as its current primary strategy the implementation of the Baby-Friendly Initiative (BFI).

The BCC, in its role as the National Authority for the BFI in Canada, has been approached by two hospitals in Quebec and one in British Columbia regarding external assessment for Baby-Friendly designation. Pre-assessment reviews have been suggested to these hospitals. One hospital in Ontario and several in British Columbia have already received pre-assessment reviews. These developments have increased the urgency for the BCC to establish the administrative structure necessary for the implementation of the assessment process. To that end, a first training course for external assessors is being planned for later this year. The BCC is also undertaking a national survey to ascertain the current status of the BFI in Canada.

We are delighted to have received subscriptions from over 125 corresponding members to date. The subscription coupon has again been included on page four of this issue. We urge you to encourage others to become corresponding members of the Breastfeeding Committee for Canada and receive our newsletter and future position statements. The Breastfeeding Statement of the BCC (which was recently adopted by the Canadian Nurses Association!) is still available for \$3.00. Work is continuing on its second statement on *Guidelines for accepting Donations, Grants and Gifts Relative to the Promotion, Protection and Support of Breastfeeding*.

ASSESSOR TRAINING COURSE PLANNED

The BCC is pleased to sponsor the first training course for external assessors in Hamilton, Ontario on Friday, November 7, 1997. The one-day Hospital Assessor's Training Course will be conducted by Beverley Chalmers Ph D, an experienced BFHI trainer and assessor and the representative of the Society of Obstetricians and Gynecologists of Canada on the BCC. A total of 40 participants can be accommodated. Registration fee for the course is \$125.00 before September 30, 1997. Further details and a registration form are available from the Breastfeeding Committee for Canada, P.O. Box 65114, Toronto, Ontario, M4K 3Z2.

BREASTFEEDING SURVEY UNDERWAY

The BCC, in collaboration with UNICEF Canada, is currently conducting a *Survey of Breastfeeding Groups to Assess the Current Status of Baby-Friendly Hospital Initiative/Baby-Friendly Initiative (BFHI/BFI) Activities in Canada and to Determine Future Needs*. Funding for this national survey of about 100 breastfeeding groups/coalitions comes from Health Canada's Health Promotions Program-Child Development Initiative.

(continued page 2)

NEWS FROM THE BREASTFEEDING COMMITTEE FOR CANADA

(CONTINUED)

The ten page survey form was distributed in mid-April. It includes questions on the implementation of the **Ten Steps to Successful Breastfeeding and the International Code of Marketing of Breastmilk Substitutes**. It is hoped that the final report will be available late this summer. Highlights from the report will appear in a future issue of *Breastfeeding Canada*.

OFFICIAL BFI LAUNCH AND CONFERENCE PLANNED FOR 1998

The official launch of the BFI in Canada will be held at the Bayshore Inn in Vancouver, British Columbia, from November 18-21, 1998! The launch and conference will be organized on behalf of the BCC by the B.C. Reproductive Care Program as a follow-up to their very successful 1995

conference "The Gold Standard of Infant Feeding". Conference facilities can accommodate in excess of 300 delegates. We hope you will join us in Vancouver next year to celebrate the launch of the BFI in Canada and attend the Conference "Stepping into the Baby-Friendly Initiative". It is anticipated that another Hospital Assessor Training Course will be held in conjunction with the launch and conference. Watch for more details in upcoming issues of *Breastfeeding Canada*.

The remainder of this issue of *Breastfeeding Canada* is devoted to both international and regional Canadian breastfeeding reports. Thanks to everyone who contributed to this issue. We welcome your comments, questions and suggestions. Please write to us at the address shown on page four.

CANADIAN ROUNDP

Alberta Baby Friendly Network

by Eleanor Milinusic, B.Sc., IBCLC

The Alberta Baby Friendly Network (ABFN) is a registered non-profit association. Network members have published two newsletters and presented sessions at an Alberta breastfeeding conference in May. The BFHI display is used at appropriate professional and community events. The Network maintains the BFHI Information kits which are available from the Calgary UNICEF office. Proposed breastfeeding resolutions have been sent to the Alberta Medical Association. As a result of a request to Alberta's Minister of Health, three network members met with a Population Health team in Edmonton in April. They presented the history of the BFHI internationally and nationally along with the work being done by the ABFN. They also presented cost effectiveness statistics, the many benefits of breastfeeding and the hazards associated with artificial feeding. Discussion centered on the need for the government of Alberta to take a lead in promoting breastfeeding with more than a supportive statement. The ABFN is hopeful that this discussion will be the first step in establishing an ongoing dialogue.

Maureen Fjeld receives Breastfeeding Honour

Congratulations to Maureen Fjeld, the second recipient of the National Breastfeeding Seminar Award of Excellence for an individual. Maureen is Co-Chair of BCC's Baby-Friendly Steering Subcommittee and is the BCC representative of the Canadian Lactation Consultant Association, of which she is currently National President. The award was announced on June 5 at the Seventh Annual National Breastfeeding Seminar for Health Professionals held at Humber College in Toronto. Maureen, who received six nominations, shares the honour with Ruth Baker of Ontario. Maureen holds a diploma in Physical and Occupational Therapy from the University of Toronto and has been a La Leche League leader since 1976. Since 1987 she has been a lactation consultant in private practice and she is currently Director of the Calgary Breastfeeding Clinic. Maureen is a member of the Alberta Baby-Friendly Network organizing committee. She is also an experienced conference presenter and has organized several breastfeeding conferences in Alberta. Congratulations to a passionate breastfeeding advocate on this well-deserved award!

(continued page 3)



CANADIAN ROUNDP

(CONTINUED)

Breastfeeding Coalition of Newfoundland and Labrador

by Catherine Royle, R.N., B.N., M.N.

Thanks to increased efforts in promoting and supporting breastfeeding, and despite massive restructuring within institutions and community health, breastfeeding initiation rates in Newfoundland and Labrador have reached 50%.

The Breastfeeding Coalition of Newfoundland and Labrador continues to play an important role in breastfeeding promotion. During the last year regional committees were established and are linked through the Coalition. Regional activities vary in response to local priorities and concerns and include various models of breastfeeding education, community-level promotion and participation in World Breastfeeding Week activities. There is also a high level of interest in the Baby-Friendly Initiative, with several of the larger hospitals implementing changes consistent with the BFI.

The Coalition has established a partnership with the Canada Prenatal Nutrition Project. A breastfeeding consultant has been available to support local Healthy Baby Clubs and has been instrumental in the development of "Breastfeeding: Go with the Flow", a video, poster and brochure package targeted at women in risk categories. The Coalition has received the second annual National Breastfeeding Seminar Award for Excellence, awarded at the Seventh National Breastfeeding Seminar for Health Professionals in Toronto on June 5. Congratulations!

Working Toward a Baby-Friendly Community — Simcoe County, ON

by Mary Martin-Smith, R.N., B.Sc.N
and Gwen Bennett, R.N., B.A.A.N

Simcoe County, located about one hour north of Toronto, has a population of 304,000 and contains a mix of urban and rural communities. The "Baby-Friendly Campaign" is a community breastfeeding support program initiated in the fall of 1993 by the Simcoe County Health Unit. It involves businesses and public spaces posting decals or signs to show that they welcome mothers to breastfeed on the premises. Participating locations do not isolate breastfeeding mothers and babies by sending them to out-of-the-way locations. From the original 10 pilot sites, the program now covers about 200 locations throughout the county.

The success of the campaign is the result of support from community agencies, businesses, healthcare professionals and the media for initiatives which helped to ready the community to accept breastfeeding as a normal part of the community and culture. These initiatives included the creation of breastfeeding action groups, a media campaign, establishment of prenatal breastfeeding classes, telephone counseling, home visiting, and workplace policy development. In addition, considerable lobbying was done with shopping malls, doctors, formula companies, and provincial and federal governments regarding implementation of the WHO/UNICEF International Code of Marketing of Breastmilk Substitutes. Telephone follow-up indicates that acceptance of breastfeeding in public has increased as a result of the campaign.

National and international interest has been expressed in this innovative campaign, which was recognized in 1996 with the first National Breastfeeding Seminar Award of Excellence. For more information fax the Health Unit at (705) 721-1495.

BC Baby-Friendly Network

by Frances Jones, R.N., B.S.N., IBCLC

The BC Baby-Friendly Network, established in 1992, includes representatives of government, professional and consumer groups.

The Network obtained funding for a poster entitled "Breastfeeding: Healthy Mothers, Healthy Babies" and a low literacy pamphlet. A larger grant from Health Canada's Brighter Futures, facilitated the launch of the Baby-Friendly Initiative (BFI) in BC. The Baby-Friendly Initiative Resource Binder, completed in 1996, was provided to all health departments and hospitals offering maternity services. It includes teaching materials, pamphlets and information for hospitals and communities on the process of becoming Baby-Friendly. Fifteen communities then received follow-up visits by the provincial co-ordinators, Frances Jones and Marina Green. To order the binder, contact Judy Wozebcroft, BC Health Association, 600, 1333 West Broadway, Vancouver, BC, V6H 4C7.

Other activities of the Network include: addressing breastfeeding issues such as marketing of infant formula and jury duty for breastfeeding women; sharing information and resources; organizing materials for World Breastfeeding Week; reviewing position statements and supporting the activities of the BC BFI Subcommittee. This active committee acts as the clearing house for the BFI for BC hospitals and communities.



WABA GLOBAL FORUM



by Dr. Penny van Esterik

WABA Task Force
York University Center
for Health Studies

Over 350 people from 85 countries participated in the WABA Global Forum on Children's Health/Children's Rights near Bangkok, Thailand in December 1996. There was an active exchange of breastfeeding advocacy strategies as well as skills training workshops on current medical and lactation management issues. For most, the informal exchanges and personal contacts were particularly valuable for energizing the work of recreating breastfeeding cultures.

Working groups on ecology and economy, society and culture, maternal and child health, health care practices, children's nutrition rights and skills training developed recommendations that WABA cannot achieve alone (eg. "stop use of food as a political weapon") as well as practical, achievable steps (eg. "include breastfeeding in primary education").

Lessons applicable to Canadian breastfeeding advocacy:

1 **Adopt** legislation to implement the Code for the Marketing of Breastmilk Substitutes and related WHA resolutions as a minimal national standard. Breastfeeding posters will be ineffective as long as our hospitals violate the Code by having infant formula company contracts which undermine breastfeeding.

2 **Specify** how breastfeeding advocacy furthers women's health advocacy.

3 **Keep** discussions on the ecological impact of breastfeeding localized, and provide examples. (eg. women living close to known environmental risks such as toxic dumps evaluate their options differently from farmers handling pesticides).

4 **Make** better use of existing UN Conventions to protect breastfeeding, particularly the Convention on the Rights of the Child and the Convention on the Elimination of Discrimination Against Women.

5 **Extend** BFHI principles and implementation to all levels of health care and make full use of all community breastfeeding resources.

To place breastfeeding advocacy in the broadest framework for action, the Forum launched "Ten Links to Nurturing the Future." This holistic vision links breastfeeding to related social movements for human rights, food security, and women's empowerment through advocacy techniques such as community participation, capacity building, networking, and lobbying for ethical international codes, in order to create baby-friendly cultures. Ten Links and Recommendations available from WABA:

Secretariat
PO Box 1200
10850, Penang, Malaysia
FAX: (604) 657-2655
Email: secr@waba.po.my

Become a corresponding member of the Breastfeeding Committee for Canada

You will: • Receive the newsletter in a timely fashion • Be on our list of corresponding members
• Be able to brief the group on your issues of concerns.

- ☐ Yes, I am interested in becoming a corresponding member and receiving the newsletter (\$10).
- ☐ I want to receive the Breastfeeding Statement (\$3).
- I enclose a \$ _____ cheque or money order.
- ☐ English ☐ French

Mail to: Breastfeeding Committee for Canada,
P.O. Box 65114, Toronto, Ontario, M4K 3Z2

Name: _____

Organization/Association/Agency: _____

Mailing Address: _____

Postal Code: _____

Telephone: () _____

Fax: () _____

Electronic Address: _____

Deadline for submissions for third issue: October 1st, 1997



NEWFOUNDLAND and LABRADOR MIDWIVES ASSOCIATION
APPLICATION FOR MEMBERSHIP
1997

Name: _____
(Print) (Surname) (First Name)

All Qualifications: _____

Full Address: _____

Postal code: _____ Telephone No. _____
(home)

Telephone No. _____ Fax No. _____
(work)

E-mail Address: _____

Work Address: _____

Area where working: _____

Retired: _____ Student: _____

Unemployed: _____

List of Organizations of which you are a member (the Association receives requests from various organizations for representatives to review articles, attend conferences, be on committees). Your name would not be forwarded without your consent.

Provincial: _____

National: _____

International: _____

I wish to be a member of the Midwives Association and I enclose a cheque/money order from the post office for: \$_____
(Cheques/money orders only (no cash) made payable to the Newfoundland and Labrador Midwives Association).

Membership for midwives is \$30.00 (as this includes the Canadian Confederation of Midwives fees which the Association has to pay).
Membership for those who are not midwives is \$15.00.
Membership for those who are unwaged is \$10.00
Membership for those who are residing outside of Canada \$40
(to cover the cost of the extra postage).

Signed: _____ Date: _____

Return to: Pamela Browne, P.O. Box 112, Station A, Goose Bay,
Labrador A0P 1S0

Canadian Confederation of Midwives

Resource Form

The co-ordinator of the CCM is frequently asked for names of individuals who might be available to serve on Provincial or National Committees. In addition, individuals or groups seeking a resource person in their area will make contact. Often deadlines are tight and it is difficult to contact regional representatives for names. We are asking interested individuals to submit information to the CCM Co-ordinator so that a resource file may be developed that can be consulted when the need arises. **Any individual who submits information will be contacted prior to their name being used.**

Name _____

Address _____

Telephone Number: Home: _____ Work: _____

Fax: _____ E-Mail: _____

Area of Expertise (e.g., breastfeeding, legislation, postpartum depression, newborn resuscitation, etc.):

Would you be willing to:

Act as a consultant Yes _____ No _____

Serve on a committee in your area of expertise Yes _____ No _____

Please return form to: Pearl Herbert
School of Nursing MUN

*to be forwarded to the
CCM Co-Ordinator*

